

**DETERMINATION AND FINDINGS
FOR A
SOLE SOURCE EXTENSION OF
CONTRACT**

USING AGENCY:	Department of Health Care Finance
CONTRACTING AGENCY:	Office of Contracting and Procurement
CONTRACT NO.:	CW23317
CAPTION:	Children and Adolescents for Supplemental Security Income Program (CASSIP)
CONTRACTOR:	Health Services for Children with Special Needs, Inc. (HSCSN)

FINDINGS

1. AUTHORIZATION

D.C. Official Code §2-354.04; 27 DCMR 1304, 1700, 1701 and 2005.6(b)

2. MINIMUM NEED

The Government of the District of Columbia, Department of Health Care Finance has a need to maintain health care services for the District of Columbia Medicaid eligible population enrolled in the Child and Adolescent Supplemental Security Income Program (CASSIP). The CASSIP provides an array of comprehensive health care, mental health and substance abuse services to approximately Six Thousand, Eight Hundred and Forty-Two (6,842) Medicaid eligible children and adolescents up to the age of Twenty-Six (26) with disabilities and complex health care needs.

3. ESTIMATED REASONABLE PRICE

The estimated fair and reasonable price for the contract extension is One Hundred and Ninety-Seven Million, Six Hundred and Twenty-Six Thousand, Four Hundred and Four Dollars and Thirty-Six Cents (\$197,626,404.36) from October 1, 2015 through September 30, 2016.

4. FACTS WHICH JUSTIFY SINGLE AVAILABLE SOURCE PROCUREMENT

This procurement is a Sole Source Extension to the current contract. Public Notice of OCP's intent to award a sole source contract was published on the OCP website for ten (10) calendar days pursuant to the requirements of 27 DCMR § 1304. The Notice was published for the period beginning on June 9, 2015 and ending on June 19, 2015.

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The District of Columbia, Department of Health Care Finance is the single state agency with the responsibility for implementation and administration of the District's Medicaid and State Children's Health Insurance programs.

Therefore, the District has created CASSIP as a unique managed care program for children and adolescents with special health care needs. CASSIP enrollees receive medically necessary services for physical health, mental and behavioral health, and substance abuse, nursing home care, Intermediate Care Facilities for Mental Retardation (ICF/MR) and residential treatment services.

Due to the specific and repetitive complicated disorders and diagnoses of CASSIP enrollees, it is essential that each enrollee and his or her family receive intensive Case Management, Care Coordination and support throughout their childhood and adolescence, including during transition from one program to another. All aspects of care are family-centered; communication with and education of the family is frequent, and communication among each enrollee's team of Providers is routine to ensure effective administration.

A market study was not conducted as DHCF determined that HSCSN is the only available source that can provide the critical health care services to the CASSIP participants. HSCSN has been the sole provider of services since 1999 as part of Medicaid 1115 Waiver Program. Based on the performance evaluation that was submitted to this office by the Office of Health Care Delivery Management Administration (HCDMA), the Contractor has been deemed to perform satisfactorily. The Contractor's performance standards and the longevity of providing services these services has identified HSCSN as the only available source of meeting the procurement needs at the current time. The current contract with HSCSN was signed on July 10, 2015 and will expire on September 30, 2015. DHCF has determined that no other source could be ready to begin providing the services on October 1, 2015 for the short proposed period of performance.

The District must continue these services as they are essential to the vulnerable District residents affected and mandated under federal law. In accordance with 42 U.S.C. § 1396a (a)(5), each state plan must designate a single state agency to administer and supervise implementation of the Medicaid plan. Any disruption to these services could cause great hardship to those enrollees who may lack financial assistance to continue treatment and could ultimately lead to additional health issues or death. Furthermore, any interruption in the service would cause the District an enormous financial burden as, absent this contract, the District would have to pay for these healthcare expenses on a more-expensive "fee-for-service" basis.

The Sole Source extension ensures continuation of the vital services while the District completes the solicitation process, including the evaluation of proposals and the award of a new long term contract. Also, a transition period of 60 to 90 days will be required for the new contract.

5. CERTIFICATION BY AGENCY HEAD:

I hereby certify that the above findings are true, correct and complete.

Date

Wayne Turnage, M.P.A.
Director
Department of Health Care Finance

6. CERTIFICATION BY CONTRACTING OFFICER

I have reviewed the above findings and certify that they are sufficient to justify the use of the sole source method of procurement under the cited authority. I certify that the notice of Intent to award a sole source contract was published in accordance with 27 DCMR 1004, and one (1) response was received and not yet credentialed to provide services. I recommend that the Chief Procurement Officer approve the use of the sole source procurement method for this proposed contract.

Date

Helena Barbour
Contracting Officer
Office of Contracting and Procurement

DETERMINATION

Based on the above findings and in accordance with the cited authority, I hereby determine that it is not feasible or practical to invoke the competitive solicitation process under either Section 402 or 403 of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Law 18-371; D.C. Official Code § 2-354.02 or 2-354.03. Accordingly, I determine that the District is justified in using the sole source method of procurement.

Date

George A. Schutter
Acting Chief Procurement Officer
Office of Contracting and Procurement